Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL025034 08/11/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2701 AMHURST BOULEVARD THE COURTYARDS AT BERNE VILLAGE MEMO NEW BERN, NC 28562 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments This report is of a biennial construction survey done by Bob Getchell on August 11, 2016. This facility was first licensed as a Home for the Aged serving 25 residents on July 8, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 and the applicable portions of the 2006 North Carolina State Building Code for special locking in Group I-2 Occupancy. Deficiencies were noted which will require a plan of correction. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include:

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STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

YY9C21

If continuation sheet 1 of 3

(XII) DATE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING, HAL025034 08/11/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2701 AMHURST BOULEVARD THE COURTYARDS AT BERNE VILLAGE MEMO NEW BERN, NC 28562 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 189 | Continued From page 1 C 189 The attic smoke barrier wall over the cross Fire sealant was added to opened wire sleeve corridor doors was penetrated by an open sleeve containing wires that has no sealant inside. 8/20/2016 The ceilings in all but one of the HVAC All HVAC pipes were checked and 8 replaced mechanical closets have two unprotected penetrations by 4" PVC pipe. 8/20/2016 All HVAC pipes are in compliance NOTE: PVC pipe 2 1/2 inches in diameter or larger require a 'fire collar' or similar system for protection. The kitchen ceiling has an unprotected Kitchen water line was fire caulked 8/20/2016 penetration by a water line. These unprotected openings are not in Maintenance Director will inspect after any conformance with the requirement to use a through penetration fire stop system that has Repairs have been completed in the attic been tested in accordance with ASTM E-814. C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (6) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)

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which shall not apply to existing facilities.

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 08/11/2016 B, WING HAL025034 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2701 AMHURST BOULEVARD THE COURTYARDS AT BERNE VILLAGE MEMO NEW BERN, NC 28562 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 199 C 199 Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings include: a) The exhaust fan in the room 9 bathroom is not Rm 9 exhaust fan has been replaced 8/20/2016 working. b) The exhaust fan in the room 15 bathroom is Bathroom fan in room 15 has been replaced not working. 8/20/2016 Checking bathroom exhaust fans will A weekly task on our Direct Supply TELS

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